DOCUMENT RESUME

ED 448 360 CG 030 514

AUTHOR Washburn-Ormachea, Jill M.; Hillman, Stephen B.
TITLE The Influence of Gender, Sex-Role Orientation, and Self-Esteem on Adolescents' Use of Coping Strategies.
PUB DATE 2000-08-00
NOTE 19p.; Poster session presented at the Annual Convention of the American Psychological Association (108th, Washington, DC, August 4-8, 2000).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Coping; Grade 8; Grade 9; *Junior High School Students; Junior High Schools; Peer Relationship; Self Esteem; Sex Differences; Socialization; *Stress Management; Stress Variables
IDENTIFIERS United States (Midwest)

ABSTRACT

The influence of gender, sex-role orientation, and self-esteem on coping strategies was looked at for adolescents. The COPE scale was given to 8th and 9th grade students (N=306) in two suburban mid-western schools to determine the coping strategies they recently used to deal with stressful peer-related situations. Measures of demographic information, self-role orientation, and self-esteem were obtained. The results were consistent with past research showing that girls used significantly more Emotion-Focused Coping than boys. Sex-role orientation also influenced adolescents' use of Active, Acceptance, and Emotion-Focused Coping. The results lend support to the socialization hypothesis with regard to Emotion-Focused Coping which incorporates seeking social support for emotional reasons. Emotion-Focused Coping also focuses on venting of emotions and a concomitant tendency to discharge these emotions. (Contains 33 references.) (JDM)

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The Influence of Gender, Sex-role Orientation, and Self-esteem on Adolescents' Use of Coping Strategies

Jill M. Washburn-Ormachea

Wayne State University

Stephen B. Hillman

Wayne State University

Presented at 108th Annual Convention of the American Psychological Association at Washington, D.C., August 4-8, 2000
Science Directorate, Focus on Science-Gender, Poster Session on Friday, August 4, 2000

CG030514

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Abstract

The present study examined the influence of gender, sex-role orientation and self-esteem on adolescent coping. Eighth and ninth grade public junior high school students (N=306) completed the COPE scale, reporting the coping strategies they used recently to deal with a stressful peer-related situation. Measures of sex-role orientation (Bem Sex-role Inventory), self-esteem (Rosenberg Self-Esteem Scale), and demographic information were also obtained. Results indicate that girls use significantly more Emotion-Focused Coping than boys. Sex-role orientation also influenced adolescents' use of Active, Acceptance, and Emotion-Focused Coping. Gender was found to be a significant predictor of Emotion-Focused Coping. Sex-role orientations were found to be predictors of Active and Acceptance Coping. Results are interpreted within the context of the socialization hypothesis.

The Influence of Gender, Sex-role Orientation, and Self-esteem on Adolescents' Use of Coping Strategies

Adolescence is characterized by rapid and significant changes in an individual's physical, social, cognitive, and emotional domains. During this time of individual development, adolescents encounter multiple sources of stress in the process of understanding and dealing with the world. These stresses are significantly related to maladjustment, and the later development of dysfunction and psychopathology (Compas, 1987a). Therefore, the importance of understanding the development of effective coping methods and the coping process in general has generated a significant body of research over the last decade. Although research on adults and coping with stress is described as cohesive in its conceptualization and measurement, this is not the case in the research on coping during adolescence (Compas, 1987a). Given that effective coping in adolescence can determine successful adaptation and later psychological well-being, the adolescent developmental phase is an important period in which to study the coping process.

Gender differences in coping with stress have received a great deal of attention as an individual difference variable because of its practical and theoretical importance. Discovering why and how males and females differ in their coping styles could provide greater understanding of the coping process in general. Additionally, a better understanding of gender differences in coping may help explain the gender differences reported in mental illness. Many epidemiologic studies have shown significant gender differences in the rates of psychopathology and its development. For example, the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) reports that Major Depressive Disorder occurs twice as often in adolescent and adult females as in adolescent and adult males. However, rates of depression in children are equivalent. A substantial increase is also noted in the prevalence of depressive disorders in adolescence, beginning at 13 to 14 years of age (Nolen-Hoeksema, 1987), compared to low rates reported in children (e.g. Kashani, Rosenberg, & Reid, 1989). Gender differences in the incidence of eating disorders are even more dramatic, with a ratio of approximately 9:1 females to males diagnosed, with peak onset occurring in adolescence (DSM-IV, 1994). Petersen, Sarigiani, and Kennedy (1991) point out that in light of these findings, they are investigating underlying processes or factors that could account for this gender-related phenomenon by focusing on the adolescent period of development.

Literature on child and adolescent coping has identified gender affects on perceptions of stress, quantity of stress, and subsequent coping styles used in response to stressful events (Copeland & Hess, 1995). Although research in this area is limited and somewhat conflicting as compared to the adult literature, a few studies have yielded findings concluding that adolescent girls report more daily and major stressful events than boys (Compas, Davis, & Forsythe, 1985; Wagner & Compas, 1990). In a longitudinal study on adolescent depression, Petersen et al. (1991) found that young adolescent girls reported experiencing more challenging and stressful events than boys, putting them at greater risk for depressed affect by twelfth grade. Research which examines gender as an individual difference variable could contribute valuable information to the field of adolescent coping and psychopathology.

Several studies investigated coping responses among adolescents and have found gender differences in the use of various coping strategies (e.g., Compas, Malcarne, & Fondacaro, 1988; Copeland & Hess, 1995; Olah, 1995, Patterson & McCubbin, 1987; Phelps & Jarvis, 1994; Stark, Spirito, Williams, & Guevremont, 1989). However, reasons for these gender differences remain unclear, and findings have been inconsistent. In attempting to account for gender differences in

coping with stress, several factors have been investigated, including: cognitive, environmental, and socialization. The present investigation examined the influence of socialization factors on gender differences observed in adolescent coping styles.

The socialization hypothesis (Pearlin & Schooler, 1978; Ptacek, Smith, & Zanas, 1992) has been used by some researchers as a possible explanation for the gender differences observed in coping. This hypothesis posits that the way in which males and females are socialized may result in gender differences in coping with stress. Consistent with widely held gender role stereotypes and sex-role expectations, girls are encouraged to seek social support and express their emotions, while boys are discouraged from using these methods. Instead they are encouraged to engage in more instrumental and direct methods in dealing with stressful situations. According to Ptacek et al., the socialization hypothesis predicts that in general, males should have a tendency to engage in coping that is intended to act upon the stressor (problem-focused and active coping), while females should tend to engage in coping that is intended to control emotional states related to or resulting from the stressor (emotion-focused and acceptance coping).

Despite the fact that several conceptual models have been used to guide research on adolescent and adult coping with stress, all of the approaches recognize a fundamental distinction between two basic types of coping, which are based on the function of coping efforts (Compas, 1987a). In their transactional model of stress and coping, Folkman and Lazarus (1980) have operationalized these two functional dimensions of coping as: a) coping efforts intended to act upon the stressor (problem-focused coping), and b) coping efforts intended to regulate emotional states associated with or resulting from the stressor (emotion-focused coping). Their theory is process oriented, and considers an individual's thoughts and behaviors in specific situations.

Using the two functions of coping framework proposed by Folkman and Lazarus (1980), a number of studies with adults have yielded results which are consistent with the predictions of the socialization hypothesis. These studies have revealed that females are more likely than males to report using emotion-focused coping strategies, including seeking social support, and a wider variety of coping responses in general. However, the literature reveals no consistent pattern of gender differences in problem-focused coping (Ptacek, Smith, & Dodge, 1994). Although some studies on adult coping styles support the socialization hypothesis, few studies in the adolescent coping literature have examined the use of coping styles within the context of the socialization hypothesis (Copeland & Hess, 1995).

Although dispositional and situational factors have been found to influence individual coping responses, gender differences emerged in some studies when these factors were controlled (Ptacek et al., 1994). Blanchard-Fields, Sulsky, and Robinson-Whelen (1991) conducted one of the few developmental studies that investigated coping strategies across different contexts. They found that achievement and relationship contexts moderated the relationship between gender, sex-role orientation and problem-focused coping in adolescents. These findings lend support to the notion that situational/contextual factors may need to be controlled in studies to ascertain greater insight regarding gender differences in coping styles.

Ptacek et al. (1994) point out that sex-role orientation is one individual difference variable that could help explain gender differences reported in research on coping with stress. Literature on sex-roles has identified two idealized groups of individuals: a) sex-typed individuals (Masculine and Feminine) who restrict their behavior to conform to the sex-appropriate behaviors dictated by cultural influences, and b) Androgynous individuals who possess a high degree of both traditional masculine and feminine traits (Bem, 1981). A fourth sex-role orientation, Undifferentiated, includes individuals with low levels of both masculine and

feminine characteristics.

Recently, investigators have suggested that sex-role orientation may be a better predictor of coping style than gender or that there may be an interaction between gender and sex-role orientation with respect to an individual's coping style (Nezu & Nezu, 1987). Frank, McLaughlin, and Crusco (1984) examined defensive styles of college students and found that masculine males and females used more "turning-against-others" defenses while feminine males and females used more "turning-against-self" defenses. Masculine females used more problem-focused coping strategies than feminine females (Evans, 1982; Long, 1989), and masculine male college students used more externalized defenses than feminine males (Lobel & Winch, 1986).

Given the limited empirical information on effects of sex-role orientation, gender, and psychological well-being on adolescent coping styles, the current investigation extended this research to an adolescent population. In the present study, eighth and ninth grade students were asked to report coping strategies they used recently to deal with a stressful situation involving a peer. Measures of their sex-role orientation, self-esteem, and demographic information were also obtained. Coping strategies were analyzed using the four factor structure identified by Phelps and Jarvis (1994). These factors include the following four coping styles: Active Coping, Avoidant Coping, Acceptance Coping, and Emotion-Focused Coping. Participants were classified into one of four sex-role orientations (i.e., Androgynous, Masculine, Feminine, or Undifferentiated) based on their scores on the Bem Sex-role Inventory (BSRI). Self-esteem was used as an indicator of psychological well-being in this research because of the empirical support in the literature showing self-esteem to be a good predictor of mental health in adolescents (Allgood-Merten & Stockard, 1991; Rosenberg 1965).

Purpose of the Study

The purpose of the present study was to examine the influence of gender, sex-role orientation, and self-esteem on adolescents' self-reported use of coping strategies in response to a peer-related stressful situation. To enhance the understanding of gender differences as reported in coping literature, this study focused on several major issues. Gender differences in adolescent coping styles were examined holding the context of the stressful situation constant (peer-related stressful situation). Sex-role orientation was examined to determine its influence on adolescents' coping styles. The influence of gender, sex-role orientation, self-esteem, and socioeconomic status on coping styles were examined to determine which variables were predictors that could influence the use of Active, Avoidant, Acceptance, and Emotion-Focused coping.

Based on available literature on adolescent and adult coping and sex-role orientation, gender and sex-role orientation differences in coping with a peer-related stressor were expected. It was also hypothesized that gender, sex-role orientation, and self-esteem would be predictors of adolescent coping. It is inferred that socialization factors are partially related to these anticipated differences in coping

Method

Participants

A total of 306 eighth and ninth grade students from two junior high schools in a suburban, Midwestern public school district volunteered to participate in this study. The researcher sent home consent forms for each student. Only those students who returned signed consent forms were allowed to participate in the study. The students were also required to sign assent forms indicating they were aware of the purpose of the study and agreed to participate. The participants included 137 (44.8%) males and 169 (55.2%) females, with a mean age of 14.07 (*SD*=.70) years. The majority of the students indicated they lived with both parents (53.9%),

were of Caucasian ethnicity (89.9%), and from Middle to Lower Middle Class (69.0%) socioeconomic statuses. Socioeconomic status was based on parents' education and occupation levels obtained on the demographic survey using the Hollingshead Scale (Hollingshead, 1975).

Instruments

Demographic Measure. A demographic survey developed specifically for this study was given to all subjects. This survey assessed the students' age, gender, race, and information needed to compute socioeconomic status using the Hollingshead Scale (Hollingshead, 1975).

COPE. The situational format of the COPE (Carver, Scheier, & Weintraub, 1989) was used to measure the self-reported coping strategies of the adolescents in response to a peer-related stressor. Students were asked to think about the most important problem they dealt with over the past two months that involved someone near their age. They were asked to report what happened, where it happened, who was involved, and what made the event important. Additionally, students were asked to indicate on a 4-point Likert scale (1=very little; 4=a great deal) a.) how much the situation mattered to them, and b.) how much control they felt they had over the situation. Students were then asked to indicate the degree to which they used 60 coping strategies in dealing with the peer-related stressor using a 4-point Likert scale (1=I didn't do this at all; 4=I did this a lot).

Carver et al. (1989) reported alpha coefficients for each of the 15 subscales. These coefficients ranged from .45 for mental disengagement to .92 for turning to religion. With the exception of mental disengagement, the alpha coefficients appeared to be adequate to provide evidence of internal consistency. The test-retest correlations ranged from .46 for suppression of competing activities to .86 for turning to religion. The test-retest correlations provided support that the COPE seemed to measure the perceived use of coping strategies in a similar manner over time.

Because of the psychometric problems involved with applying adult coping scales to research with adolescent samples, Phelps and Jarvis (1994) extended the work of Carver et al. (1989) by reporting internal reliability, factorial validity, and normative data on the COPE for a sample of adolescents aged 14-18 (N=484). They found sufficient internal consistency, internal reliability, factorial validity, and normative data on the COPE. Their factor analysis of the original 15 subscales of the COPE using the entire sample and for each gender separately, identified four distinct factors: Active Coping (active coping, planning, suppression of competing activities, and seeking social support for instrumental reasons); Avoidant Coping (denial, behavioral disengagement, and alcohol-drug disengagement); Emotion-Focused Coping (seeking social support for emotional reasons, and focus on and venting of emotions); and Acceptance Coping (restraint, positive reinterpretation and growth, acceptance, and mental disengagement). Students' coping strategies were analyzed using these four factor structures.

Bem Sex-role Inventory-Short Form (BSRI-SF). The BSRI-SF (Bem, 1981) is a self-report measure of sex-role orientation consisting of 30 adjectives; 10 masculine, 10 feminine, and 10 neutral. This instrument was used to evaluate two independent dimensions of masculinity and femininity. Students were asked to indicate the degree to which each adjective described herself/himself using a 7-point Likert scale ranging from "1" for "never or almost never true" to 7 for "always or almost always true." The median-split scoring procedure specified by Bem (1977, 1981) was used for classifying the students into one of four sex-role orientations; androgynous (high masculine and high feminine scores), masculine (high masculine and low feminine scores), feminine (low masculine and high feminine scores), and undifferentiated (low

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masculine and low feminine scores); by means of a 2 x 2 table according to their position above or below the median scores on the two scales.

Reliability. Reliability for the BSRI - short form was established in two ways, through tests for internal consistency and test-retest for stability. Cronbach alpha coefficients were obtained for males and females separately on the femininity (F) and masculinity (M) scales, as well as for the femininity minus masculinity (F-M) scale. The internal consistency ranged from .84 for females to .87 for males on the F scale and from .84 for females to .85 for males on the M scale. The alpha coefficients for the F-M scale ranged from .85 for females to .90 for males.

Test-retest stability was established by having 28 females and 28 males complete the instrument twice at four week intervals. The results of the Pearson product moment correlations obtained between the first and second administrations ranged from .91 for females to .76 for males on the masculine items. The test-retest correlations on the F scale ranged from .85 for females and .91 for males. The F-M scale had correlations ranging from .88 for females to .85 for males.

Validity. Validity was determined through the use of empirical tests that showed the BSRI - short form discriminated between participants who behaved in accordance with sex stereotypes. According to Bem (1981), one study involved undergraduate students who were asked to indicate which of a pair of photography assignments they would prefer to be performing when photographed. The sex-typed students were more likely to want to participate in sex-appropriate activities and resist participation in activities they considered sex-inappropriate. Bem and Lenney (in Bem, 1981) found that students who participated in cross-sex behaviors reported greater psychological discomfort and had greater negative feelings about themselves.

Rosenberg Self Esteem Scale (RSE). The 10 item RSE (Rosenberg, 1965) was used as a measure of global self-esteem. Students rate their agreement with each statement on a 4-point Likert scale ranging from"strongly disagree" to "strongly agree." After reverse scoring the negatively worded items, each response is summed, with higher scores reflecting higher self-esteem. A reliability coefficient of .92 (Robinson & Shaver, 1973), and test-retest reliability of .85 and .88 (Silber & Tippett, 1965) are reported for this instrument.

Procedure

Permission to conduct this study was obtained from the school district and active written parental consent was received for each participant. The students were tested in groups using intact classrooms. Information regarding the nature of the study and requirements for participation were shared with the students via the researcher reading the Student Assent form to each class prior to data collection.

At the time of the testing, teachers were present in the classrooms, but were not involved with data collection. Coded survey packets were developed with instruments counterbalanced between classes. All students within a class received the instruments in the same order. After Student Assent Forms were completed and collected, survey packets were distributed and instructions given separately for each instrument. Students completed the surveys independently, but were encouraged to ask questions when clarification was needed. As an incentive to encourage students to complete the instruments, a drawing was held at each school for a $50.00 gift certificate to a local store. Each student who participated in the study was entered into the drawing which was held following the data collection period.

All students within the same school were tested during the same week by the researcher to minimize contamination of responses through interactions among the students. Special

education students with learning disabilities were identified by their response on the demographic survey. Data submitted by this group of students were eliminated.

Results

To provide adequate cell sizes for inferential factorial analysis of the data, crosstabulations of the following variables were obtained: a) student's gender and b) indication of how much the situation reported on the COPE mattered to them. Students were retained in the study if they indicated the situation mattered quite a bit (33.0%) or a great deal (44.5%). A total of 222 students were retained in the study, with data from the other 65 students eliminated from further analyses.

The 222 students were divided into four groups based on sex-role orientation as indicated by their scores on the Bem Sex-role Inventory (BSRI). These four groups included: Feminine (high femininity and low masculinity scores), Masculine (high masculinity and low femininity scores), Androgynous (high masculinity and high femininity scores), and Undifferentiated (low masculinity and low femininity scores). The largest group of students (n=61, 27.5%) were Undifferentiated, with 57 (25.6%) included in the Masculine group. Fifty-nine (26.6%) were classified as Feminine and 45 (20.3%) were in the Androgynous group.

The students, when completing the COPE scale, were asked to indicate the stressful situation on which they were basing their responses. Using a content analysis, the situations were classified into six types, including: arguments/fights with same sex friend (33.0%), arguments/fights with opposite sex friend (19.1%), arguments/fights/stressors with family with friend involvement (11.5%), problems interacting with peer social groups (9.4%), physical fights and threats from non-friend peers (9.0%), and "other" (18.0%).

Results of the multivariate analysis of variance (MANOVA) indicated a statistically significant difference between male and female students on adolescent coping F (4, 218) = 14.65, $p<.001$. Univariate F test analyses revealed that one subscale, Emotion-Focused Coping, was contributing to the significant finding F (1, 221) = 47.40, $p<.001$. Adolescent girls (M=2.80, SD=.81) reported using significantly more Emotion-Focused Coping than adolescent boys (M=2.05, SD=.71). No significant differences were found between male and female students on the other three types of adolescent coping; Active Coping, Avoidant Coping, and Acceptance Coping. (See Table 1)

The second set of hypotheses in the present study examined differences in coping styles among students with different sex-role orientations. Students scores on the BSRI became the criteria for assignment to one of four sex-role orientations consistent with other studies (Bem, 1977; 1981). The dependent variables in these analyses were the four coping styles; Active, Avoidant, Acceptance, and Emotion-Focused. The two independent variables were gender and sex-role orientation. As predicted, results of the MANOVA indicated statistically significant main effects for gender F (4, 211) = 9.47, $p<.001$ and sex-role orientation F (12, 629) = 3.39, $p<.001$. No evidence of statistically significant differences was provided by the interaction between the four types of sex-role orientation and gender on the four types of coping F (12, 629) = .58, $p=.863$.

Results of univariate analyses showed that when students were compared by sex-role orientation, three of the four coping styles (Active Coping F (3, 214) = 5.23, $p=.002$, Acceptance Coping F (3, 214) = 10.09, $p<.001$, and Emotion-Focused Coping F (3, 214) = 3.70, $p=.013$) differed significantly among the four sex-role orientations. No significant differences were found among the four types of sex-role orientations on Avoidant Coping F (3, 214) = .36, $p=.785$.

Scheffe's a posteriori tests found that Androgynous students (M=2.48, SD=.52) used more Active Coping than Undifferentiated (M=2.07, SD=.51) and Masculine (M=2.14, SD=.52) students. Three statistically significant outcomes were observed for Acceptance coping. Students with Masculine (M=2.29, SD=.50), Androgynous (M=2.52, SD=.48), and Feminine (M=2.40, SD=.43) sex-role orientations reported using significantly more Acceptance Coping than students with an Undifferentiated (M=2.03, SD=.44) sex-role orientation. Results of Scheffe's a posteriori tests revealed that Androgynous students (M=2.87, SD=.87) used more Emotion-Focused Coping than Undifferentiated (M=2.39, SD=.89) and Masculine (M=2.22, SD=.77) students, while Feminine (M=2.77, SD=.77) sex-role oriented students used more Emotion-Focused Coping than Masculine (M=2.22, SD=.75) sex-role oriented students. (See Table 2)

The final set of hypotheses examined possible predictors of adolescent coping. Results of the stepwise multiple linear regression analysis showed that three sex-role orientations; Undifferentiated, Masculine, and Feminine, were significant negative predictors of Active Coping $F(3, 219) = 6.23$, $p<.001$. The other predictor variables, gender, self-esteem, and socioeconomic status were not significant predictors of Active Coping.

Two predictor variables, Masculine and Undifferentiated sex-role orientations, were found to predict Acceptance Coping. These variables explained 13% of the variance in Acceptance Coping $F(2, 222) = 16.07$, $p<.001$. The relationships between these variables were in a negative direction, indicating that students who had either Masculine or Undifferentiated sex-role orientations were not likely to use Acceptance coping strategies.

Results of the stepwise multiple linear regression analysis found gender to be a significant predictor of Emotion-Focused Coping, with females more likely to use Emotion-Focused coping than males. The other predictor variables did not enter the regression equation, indicating they were not significant predictors of Emotion-Focused Coping. (See Table 3, 4, 5)

Discussion

The main goal of this study was to enhance the understanding of gender differences in the literature on adolescent coping. By examining the influence of gender, sex-role orientation, and self-esteem on adolescent's self-reported use of coping strategies in response to a peer-related stressor, the present study helps to conceptualize a model of adolescent coping. The literature relating to adolescent coping and sex-role orientation is quite limited and therefore unclear whether it follows the same pattern as the research with adults. Although there is slight variation in the terminology and construction of coping factors/styles used across studies, the results of the present study are consistent with past research findings that adolescent girls use more Emotion-Focused Coping than adolescent boys (Allen & Hiebert, 1991; Compas et al., 1988; Copeland & Hess, 1995; Phelps & Jarvis, 1994; Stark et al., 1989).

Previous research with adults has suggested that sex-role orientation may be a better predictor of coping style than gender. The presence of an interaction between gender and sex-role orientation with respect to an individual's coping style has been suggested by some researchers (e.g. Nezu & Nezu, 1987; Ptacek et al., 1994). Although the present study did not support Nezu and Nezu's (1987) findings with college students of an interaction between gender and sex-role orientation with respect to individual's coping styles, differences in socialization remain a viable explanation for the gender difference observed on Emotion-Focused Coping.

According to the socialization hypothesis (Pearlin & Schooler, 1978; Ptacek et al., 1992), the way in which males and females are socialized may result in gender differences in how they cope with stress. Research suggests that the masculine gender role stereotype incorporates independent, rational, ambitious, and instrumental characteristics, whereas the feminine gender

role stereotype encourages emotional, dependent, and supportive behaviors (Bem, 1981; Ptacek et al., 1994). The socialization hypothesis would predict that in general, males and masculine sex-role oriented individuals should have a tendency to engage in coping that is intended to act upon the stressor (Problem-Focused and Active Coping) whereas females and feminine sex-role oriented individuals should engage in coping intended to control emotional states related to or resulting from the stressor (Acceptance and Emotion-Focused Coping).

The results of the present study lend support to the socialization hypothesis with regard to Emotion-Focused Coping. Emotion-Focused Coping incorporates seeking social support for emotional reasons (getting emotional support or sympathy from someone) and focus on and venting of emotions (an increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings). Adolescent girls were more likely to use Emotion-Focused Coping than adolescent boys when dealing with a peer-related stressor. Additionally, both sex-role orientations that included high femininity scores: Feminine and Androgynous, were associated with a greater use of Emotion-Focused Coping. Students with Feminine sex-role orientations used significantly more Emotion-Focused Coping than Masculine sex-role oriented students and Androgynous sex-role oriented students used significantly more Emotion-Focused Coping than Masculine and Undifferentiated students.

These results provide a greater understanding of the adolescent coping process and emphasize the practical and theoretical importance of examining both gender and sex-role orientation as individual difference variables in coping studies. Perhaps the gender differences in the way adolescents cope with stress is related in some way to the gender differences in adolescent psychopathology, depression and eating disorders especially.

Examining gender differences in adolescent coping while controlling the context of the stressor was an important contribution of the present study. Some researchers have suggested that situational/contextual factors may account for observed gender differences in coping. Although empirical studies have shown individual coping responses are influenced by situational and contextual factors, gender differences in coping still emerged in the few studies that controlled the situational context (e.g. Blanchard-Fields et al., 1991; Ptacek et al., 1994). The Significant gender difference observed on Emotion-Focused Coping with a peer-related stressor in the present study suggests that there are real differences in how adolescent boys and girls cope with interpersonal problems.

Students' perceptions of the severity of the stressor were taken into account in the present study by eliminating from analysis the data provided by students who reported the stressful situation mattered very little or somewhat. The types of coping strategies adolescents use in situations they rate as having "very little" or "somewhat" importance may be different than strategies they employ when the situation is perceived as mattering quite a bit or a great deal. However, the methodology of many studies does not address stressor severity. It is suggested that future studies control for stressor severity in order to provide a more accurate representation of how students cope with situations they perceive to be quite stressful.

Although the research on adolescent coping to date has provided important findings along several independent dimensions of investigation, identifying common factors and processes that influence adaptive coping across various situations could have the greatest positive impact on the adjustment of adolescents. School counselors, psychologists and other mental health professionals may benefit from these findings in developing intervention programs to teach effective coping skills to adolescents.

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Table 1
Multivariate Analysis of Variance – Coping Styles by Gender

Coping Style	Number	Mean	SD	DF	F ratio	Sig of F
Active Coping						
Male	75	2.15	.52	1, 221	1.79	.182
Female	148	2.25	.53			
Avoidant Coping						
Male	75	1.53	.38	1, 221	1.08	.300
Female	148	1.60	.53			
Acceptance Coping						
Male	75	2.31	.52	1, 221	.20	.658
Female	148	2.28	.48			
Emotion-Focused Coping						
Male	75	2.05	.71	1,221	47.40	<.001
Female	148	2.80	.81			

Table 2 .

Multivariate Analysis of Variance – Coping Styles by Gender and Sex-Role Orientation

Coping Style	Male			Female		
	Number	Mean	SD	Number	Mean	SD
Active Coping						
Undifferentiated	20	2.00	.51	41	2.10	.52
Masculine	36	2.10	.55	21	2.21	.47
Feminine	9	2.24	.24	50	2.22	.53
Androgynous	10	2.53	.51	35	2.47	.53
Avoidant Coping						
Undifferentiated	20	1.54	.44	41	1.52	.46
Masculine	36	1.50	.36	21	1.60	.54
Feminine	9	1.68	.34	50	1.61	.53
Androgynous	10	1.50	.36	35	1.64	.58
Acceptance Coping						
Undifferentiated	20	2.08	.39	41	2.00	.46
Masculine	36	2.30	.55	21	2.28	.42
Feminine	9	2.62	.49	50	2.36	.41
Androgynous	10	2.56	.44	35	2.51	.50
Emotion-Focused Coping						
Undifferentiated	20	1.79	.76	41	2.68	.80
Masculine	36	2.00	.66	21	2.60	.76
Feminine	9	2.19	.53	50	2.88	.76
Androgynous	10	2.58	.72	35	2.95	.89

Sex-Role Orientation	DF	F-Ratio	Sig of F
Active Coping	3, 214	5.23	.002
Avoidance Coping	3, 214	.36	.785
Acceptance Coping	3, 214	10.09	<.001
Emotion-Focused Coping	3, 214	3.70	.013

Results of Scheffé's a posteriori tests

Active Coping
- Undifferentiated < Androgynous
- Masculine < Androgynous

Acceptance Coping
- Undifferentiated < Masculine
- Undifferentiated < Androgynous
- Undifferentiated < Feminine

Emotion-Focused Coping
- Undifferentiated < Androgynous
- Masculine < Feminine
- Masculine < Androgynous

Table 3
Stepwise Multiple Linear Regression Analysis – Active Coping

Predictor Variables	b-Weight	Beta Weight	r^2	t-value	Sig of t
Constant	2.48				
Undifferentiated Sex-role Orientation	-.41	-.35	.03	-4.12	<.001
Masculine Sex-role Orientation	-.34	-.28	.02	-3.38	.001
Feminine Sex-role Orientation	-.26	-.21	.03	-2.54	.012

Multiple R	.28
Multiple R^2	.08
F ratio	6.23
Degrees of Freedom	3/219
Sig of F	<.001

Table 4
Stepwise Multiple Linear Regression Analysis – Acceptance Coping

Predictor Variables	b-Weight	Beta Weight	r^2	t-value	Sig of t
Constant	2.45				
Undifferentiated Sex-role Orientation	-.42	-.38	.11	-5.67	<.001
Masculine Sex-role Orientation	-.15	-.14	.02	-2.03	.043

Multiple R	.36
Multiple R^2	.13
F ratio	16.07
Degrees of Freedom	2,222
Sig of F	<.001

Table 5
Stepwise Multiple Linear Regression Analysis – Emotion-Focused Coping

Predictor Variables	b-Weight	Beta Weight	r^2	t-value	Sig of t
Constant					
Gender	.76	.42	.18	6.89	<.001

Multiple R	.42
Multiple R^2	.18
F ratio	47.40
Degrees of Freedom	1 221
Sig of F	<.001

Biographical Statement

Jill M. Washburn-Ormachea, Ph.D.
School Psychologist
Roseville Community Schools
18975 Church St.
Roseville, MI 48066

E-mail JW1MRVL@MOA.NET

Clinical Psychologist
Lakeside Family Counseling
15501 Metropolitan Parkway, Suite 107
Clinton Township, MI 48036

Permanent School Psychologist Certificate- State of Michigan
Doctoral Limited License Psychologist-State of Michigan

Research interests include: adolescent coping behavior, adolescent stress, and invulnerability to stress

Stephen B. Hillman, Ph.D.

Professor
Wayne State University
College of Education
Detroit, MI 48202

Research interests include: adolescent self-esteem, stigmatization theory, and adolescent risk-taking behavior